



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1-1-10 to 8-23-10

1. Committee I.D. Number 150559

4. Candidate Last Name KRAUSE First Name BRANDON M.I. D

2. Committee Name  
COMMITTEE TO ELECT  
BRANDON KRAUSE

4a. Office Sought Including District # or Community Served (If applicable)  
2nd DISTRICT COUNTY COMMISSIONER

4b. County of Residence

5. Committee's Mailing Address  
655 W River Rd  
Keweenaw MI  
49631

6. Treasurer's Name & Residential Address  
BRANDON KRAUSE  
655 W RIVER Rd  
Keweenaw MI 49631

Area Code and Phone (989) 326-0237  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (989) 326-0237

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8-3-10

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper BRANDON KRAUSE Brandon Krause Date 8-23-10  
Type or Print Name Signature

Candidate BRANDON KRAUSE Brandon Krause Date 8-23-10  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150559

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Comm. to Elect Brandon Krause

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>100.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$		(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>0</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>0</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>2500.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>637.18</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>100.00</u>	
	(15.) = \$	<u>737.18</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>0</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>737.18</u>	



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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150559  
2. Committee Name Comm. to Elect Brandon Krause

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-28-10  
Name & Address:

Cynthia Luczak  
808 Frost Dr  
Bay City MI 48706

\$ 100.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

100.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

100.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 130559

2. Committee Name Committee to elect Brandon Kruse

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:  Brandon Kruse 655 W. River Rd. Kawkawlin, MI 48631	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>6-1-10</u> 6. Original Amount of Debt: <u>\$ 2500.00</u>	\$ \$ \$ \$ \$	\$ <u>- 0 -</u>	\$ <u>2500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by:  Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by:  Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

2500

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

2500

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.